

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030409

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** QUALITY MULTISERVICE LLC

**Current Principal Place of Business:**

3706 SE 10TH AVENUE  
APT. 4  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

2707 SW 2ND AVE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

3706 SE 10TH AVENUE  
APT. 4  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

2707 SW 2ND AVE  
CAPE CORAL, FL 33914 US

**FEI Number:** 16-1688127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENTERPRISE SUPPORT CORP.  
2121 MAIN STREET  
SUITE C  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOVACS, ATTILA  
Address: 3706 SE 10TH AVENUE, APT. 4  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOVACS, ATTILA  
Address: 2707 SW 2ND AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ATTILA KOVACS

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date